

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
WICHITA FALLS DIVISION

In re **Warren Olin Gould**  
**Stacey Rhea Gould**

Case No. **09-70559-HdH-13**

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$0.00		
B - Personal Property	Yes	4	\$80,321.29		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1			
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3			
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7			
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$5,927.16
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$4,842.16
TOTAL		21	\$80,321.29	\$86,000.41	

Form 6 - Statistical Summary (12/07)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
WICHITA FALLS DIVISION**

In re **Warren Olin Gould  
Stacey Rhea Gould**

Case No. **09-70559-HdH-13**

Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>\$0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>\$25,000.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>\$0.00</b>
Student Loan Obligations (from Schedule F)	<b>\$0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>\$0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$25,000.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>\$5,927.16</b>
Average Expenses (from Schedule J, Line 18)	<b>\$4,842.16</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	<b>\$6,140.08</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>\$0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	<b>\$27,719.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>\$0.00</b>
4. Total from Schedule F		<b>\$33,981.41</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>\$33,981.41</b>

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Warren Olin Gould**  
**Stacey Rhea Gould**

Case No. **09-70559-HdH-13**  
(if known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**  
**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **23** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **10/28/2009**

Signature **/s/ Warren Olin Gould**  
**Warren Olin Gould**

Date **10/28/2009**

Signature **/s/ Stacey Rhea Gould**  
**Stacey Rhea Gould**

[If joint case, both spouses must sign.]

In re **Warren Olin Gould**  
**Stacey Rhea Gould**

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(if known)

**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
None				
Total:			<b>\$0.00</b>	

(Report also on Summary of Schedules)

In re **Warren Olin Gould**  
**Stacey Rhea Gould**

Case No. **09-70559-HdH-13**  
 (if known)

### SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		checking @ First Bank	C	\$2,071.29
		checking @ Ft Sill National Bank overdrawn	C	\$0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video and computer equipment.		household goods & furnishings	C	\$1,200.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		clothing	C	\$100.00
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			

In re **Warren Olin Gould**  
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 (if known)

## SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.		back child support	C	\$47,000.00
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			

In re **Warren Olin Gould**  
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 (if known)

## SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 GMC Yukon	C	\$10,499.00
		2003 Chevrolet Pickup	C	\$9,301.00

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 (if known)

## SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
		2003 Toyota Matrix	C	\$8,150.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		2 horses	C	\$1,000.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		Horse trailer	C	\$1,000.00
<p style="text-align: right;">3 continuation sheets attached</p> <p>(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)</p>				<b>Total &gt; \$80,321.29</b>



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(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

☒ 11 U.S.C. § 522(b)(2)  
☐ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
checking @ First Bank	11 U.S.C. § 522(d)(5)	\$2,071.29	\$2,071.29
household goods & furnishings	11 U.S.C. § 522(d)(3)	\$1,200.00	\$1,200.00
clothing	11 U.S.C. § 522(d)(3)	\$100.00	\$100.00
back child support	11 U.S.C. § 522(d)(10)(D)	\$47,000.00	\$47,000.00
2003 Toyota Matrix	11 U.S.C. § 522(d)(2)	\$3,225.00	\$8,150.00
	11 U.S.C. § 522(d)(5)	\$425.00	
2 horses	11 U.S.C. § 522(d)(3)	\$1,000.00	\$1,000.00
Horse trailer	11 U.S.C. § 522(d)(5)	\$1,000.00	\$1,000.00
		<b>\$56,021.29</b>	<b>\$60,521.29</b>

In re **Warren Olin Gould**  
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 (if known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: <b>xx1377</b>  <b>American National Bank</b> <b>2732 Midwestern Pkwy</b> <b>Wichita Falls, TX 76308</b>	<b>C</b>	DATE INCURRED: <b>07/2009</b> NATURE OF LIEN: <b>Automobile</b> COLLATERAL: <b>2003 GMC Yukon</b> REMARKS:  VALUE: <b>\$10,499.00</b>				<b>\$10,499.00</b>	
ACCT #: <b>xx2462</b>  <b>American National Bank</b> <b>2732 Midwestern Pkwy</b> <b>Wichita Falls, TX 76308</b>	<b>C</b>	DATE INCURRED: <b>08/2009</b> NATURE OF LIEN: <b>Automobile</b> COLLATERAL: <b>2003 Chevrolet Pickup</b> REMARKS:  VALUE: <b>\$9,301.00</b>				<b>\$9,301.00</b>	
ACCT #:  <b>Frank Baker</b> <b>1094 Pitts Rd</b> <b>Wichita Falls, TX 76305</b>	<b>C</b>	DATE INCURRED: NATURE OF LIEN: <b>Purchase Money</b> COLLATERAL: <b>2003 Toyota Matrix</b> REMARKS:  VALUE: <b>\$8,150.00</b>				<b>\$4,500.00</b>	
Subtotal (Total of this Page) >						<b>\$24,300.00</b>	<b>\$0.00</b>
Total (Use only on last page) >						<b>\$24,300.00</b>	<b>\$0.00</b>

No continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re **Warren Olin Gould**  
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(If Known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☒ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
- ☒ **Administrative allowances under 11 U.S.C. Sec. 330**  
Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

2 continuation sheets attached

B6E (Official Form 6E) (12/07) - Cont.

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In re **Warren Olin Gould**  
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(If Known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY

Taxes and Certain Other Debts Owed to Governmental Units

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: 1315 <b>Attorney General-Shelly Horton</b> <b>4630 50th Street, Suite 300</b> <b>Lubbock, TX 79414</b>	C	DATE INCURRED: CONSIDERATION: <b>Child Support Arrearage</b> REMARKS:				\$25,000.00	\$25,000.00	\$0.00
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims  <b>Subtotals (Totals of this page) &gt;</b> <b>Total &gt;</b> (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)  <b>Totals &gt;</b> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						\$25,000.00	\$25,000.00	\$0.00

B6E (Official Form 6E) (12/07) - Cont.

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In re **Warren Olin Gould**  
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(If Known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Administrative allowances
------------------	---------------------------

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: <b>Monte J. White &amp; Associates</b> <b>1106 Brook Ave</b> <b>Wichita Falls TX 76301</b>	<b>C</b>	DATE INCURRED: <b>10/28/2009</b> CONSIDERATION: <b>Attorney Fees</b> REMARKS:				<b>\$2,719.00</b>	<b>\$2,719.00</b>	<b>\$0.00</b>
Sheet no. <u>2</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims						<b>\$2,719.00</b>	<b>\$2,719.00</b>	<b>\$0.00</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						<b>\$27,719.00</b>		
<b>Totals &gt;</b> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							<b>\$27,719.00</b>	<b>\$0.00</b>

B6F (Official Form 6F) (12/07)

In re **Warren Olin Gould**  
**Stacey Rhea Gould**

Case No. **09-70559-HdH-13**  
(if known)

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxxx7516</b> <b>Afni, Inc.</b> <b>404 Brock Dr Po Box 3097</b> <b>Bloomington, IL 61701</b>	<b>C</b>	DATE INCURRED: <b>11/2007</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>DISH Network</b>				<b>\$363.00</b>
ACCT #: <b>xxxx1390</b> <b>Arrow Financial Services</b> <b>5996 W Touhy Ave</b> <b>Niles, IL 60714</b>	<b>C</b>	DATE INCURRED: <b>01/2007</b> CONSIDERATION: <b>Notice Only</b> REMARKS: <b>Wells Fargo Financial</b>				<b>Notice Only</b>
ACCT #: <b>xxxx3040</b> <b>Arrow Financial Services</b> <b>5996 W Touhy Ave</b> <b>Niles, IL 60714</b>	<b>C</b>	DATE INCURRED: <b>07/2006</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS:				<b>\$1,187.00</b>
ACCT #: <b>xxxx0285</b> <b>Arvest Bank</b> <b>2902 E Gore Blvd</b> <b>Lawton, OK 73501</b>	<b>C</b>	DATE INCURRED: <b>06/2006</b> CONSIDERATION: <b>Returned Check</b> REMARKS:				<b>\$318.00</b>
ACCT #: <b>xxxx0490</b> <b>Asset Acceptance</b> <b>PO Box 2036</b> <b>Warren, MI 48090</b>	<b>C</b>	DATE INCURRED: <b>02/2006</b> CONSIDERATION: <b>Factoring Company Account</b> REMARKS: <b>Target</b>				<b>\$588.00</b>
ACCT #: <b>xxxxxxx0001</b> <b>Capitol Loans</b> <b>3100 Seymour Highw</b> <b>Wichita Falls, TX 76301</b>	<b>C</b>	DATE INCURRED: <b>06/2009</b> CONSIDERATION: <b>Unsecured</b> REMARKS:				<b>\$570.00</b>
<b>Subtotal &gt;</b>						<b>\$3,026.00</b>
<b>Total &gt;</b>						

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

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In re **Warren Olin Gould**  
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(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx0420</b> <b>Champions Clinic</b> <b>2934 Kemp Blvd</b> <b>Wichita Falls, TX 76308</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unsecured</b> REMARKS:				<b>\$56.00</b>
ACCT #: <b>xxxxx9200</b> <b>Clinical Partners PA Wichita Falls</b> <b>P.O. Box 9188</b> <b>Longview, Texas 75608-9188</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unsecured</b> REMARKS:				<b>\$126.84</b>
ACCT #: <b>xxxx1959</b> <b>Credit Management</b> <b>4200 International Pwy</b> <b>Carrolton, TX 75007</b>	<b>C</b>	DATE INCURRED: <b>02/2007</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Time Warner Cable</b>				<b>\$321.00</b>
ACCT #: <b>xxxxxx3320</b> <b>Datasearch</b> <b>PO Box 461289</b> <b>San Antonio TX 78246-1289</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS: <b>United Regional Healthcare</b>				<b>Notice Only</b>
ACCT #: <b>xxxxA382</b> <b>Drs. Sutton &amp; Sartor, LLP</b> <b>1600 Brook Ave</b> <b>Wichita Falls, TX 76301</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical</b> REMARKS:				<b>\$482.34</b>
ACCT #: <b>xxxxxx/xxxx4199</b> <b>Edward Sloan &amp; Associates</b> <b>PO Box 788</b> <b>Winnsboro, TX 75494</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unsecured</b> REMARKS: <b>Digestive Health Assoc of Texas</b>				<b>\$262.98</b>

Sheet no. 1 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal &gt;

**\$1,249.16**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

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In re **Warren Olin Gould**  
**Stacey Rhea Gould**Case No. **09-70559-HdH-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx0264</b> <b>Executive Services</b> <b>1200 Austin St</b> <b>Wichita Falls, TX 76301</b>	<b>C</b>	DATE INCURRED: <b>01/2006</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>North Texas Rehab</b>				<b>\$241.00</b>
ACCT #: <b>xxxx2753</b> <b>Executive Services</b> <b>1200 Austin St</b> <b>Wichita Falls, TX 76301</b>	<b>C</b>	DATE INCURRED: <b>09/2005</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Clay County Memorial Hospital</b>				<b>\$174.00</b>
ACCT #: <b>xxxx3413</b> <b>Genesis Financial Solu</b> <b>PO Box 4865</b> <b>Beaverton, OR 97076</b>	<b>C</b>	DATE INCURRED: <b>10/2008</b> CONSIDERATION: <b>Factoring Company Account</b> REMARKS: <b>HSBC Bank</b>				<b>\$1,016.00</b>
ACCT #: <b>xx4098</b> <b>George Le May DBA WEC/OPC</b> <b>1350 E. Flamingo Rd #686</b> <b>Las Vegas, NV 89119</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Judgment</b> REMARKS: <b>Small Claims Judgment</b>				<b>\$3,582.06</b>
ACCT #: <b>xxxxxxxx3307</b> <b>Gold Star</b> <b>121 E Elm St</b> <b>Hillsboro, TX 76645</b>	<b>C</b>	DATE INCURRED: <b>07/16/2009</b> CONSIDERATION: <b>Unsecured</b> REMARKS:				<b>\$375.00</b>
ACCT #: <b>xxxxxxxxxxxx7106</b> <b>Imagine</b> <b>Po Box 723896</b> <b>Atlanta, GA 31139</b>	<b>C</b>	DATE INCURRED: <b>12/2005</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$129.00</b>
Sheet no. <b>2</b> of <b>6</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$5,517.06</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>



B6F (Official Form 6F) (12/07) - Cont.

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In re **Warren Olin Gould**  
**Stacey Rhea Gould**Case No. **09-70559-HdH-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx2949</b> <b>Larry Rains, DDS</b> <b>2915 Grant</b> <b>Wichita Falls, TX 76308</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unsecured</b> REMARKS:				<b>\$132.70</b>
ACCT #: <b>1315</b> <b>Michael J Scott</b> <b>1925 E Belt Line Rd</b> <b>Carrollton, TX 75006-5801</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>xxxxxx1216</b> <b>Midland Credit Mgmt</b> <b>8875 Aero Dr Ste 200</b> <b>San Diego, CA 92123</b>	<b>C</b>	DATE INCURRED: <b>04/2006</b> CONSIDERATION: <b>Factoring Company Account</b> REMARKS:				<b>\$400.00</b>
ACCT #: <b>xxxxxx1456</b> <b>MKM Acquisitions LLC</b> <b>PO Box 9010</b> <b>Woodbury, NY 11797-9010</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unsecured</b> REMARKS: <b>Texaco Oil</b>				<b>\$858.68</b>
ACCT #: <b>xxxxxx1003</b> <b>National Credit Soluti</b> <b>Po Box 15779</b> <b>Oklahoma City, OK 73155</b>	<b>C</b>	DATE INCURRED: <b>02/2008</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>Sage Telecom</b>				<b>\$275.00</b>
ACCT #: <b>u</b> <b>NCO Financial</b> <b>PO Box 15630</b> <b>Wilmington, DE 19850</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS: <b>Capital One Bank</b>				<b>Notice Only</b>

Sheet no. 3 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal &gt;

**\$1,666.38**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

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In re **Warren Olin Gould**  
**Stacey Rhea Gould**Case No. **09-70559-HdH-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxx0647</b> <b>Northland Group Inc</b> <b>P.O. Box 390846</b> <b>Edina, MN 55439</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unsecured</b> REMARKS: <b>Capital One Bank</b>				<b>\$1,125.42</b>
ACCT #: <b>xxx7255</b> <b>Plaza Associates</b> <b>370 7th Ave</b> <b>New York, NY 10001</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unknown Loan Type</b> REMARKS: <b>Direct TV</b>				<b>\$490.00</b>
ACCT #: <b>xxxxx8408</b> <b>Portfolio Rc</b> <b>Attn: Bankruptcy</b> <b>120 Corporate Blvd Suite 100</b> <b>Norfolk, VA 23502</b>	<b>C</b>	DATE INCURRED: <b>07/2005</b> CONSIDERATION: <b>Factoring Company Account</b> REMARKS: <b>Western Wireless</b>				<b>\$319.00</b>
ACCT #: <b>xxxxx4171</b> <b>Portfolio Rc</b> <b>Attn: Bankruptcy</b> <b>120 Corporate Blvd Suite 100</b> <b>Norfolk, VA 23502</b>	<b>C</b>	DATE INCURRED: <b>03/2008</b> CONSIDERATION: <b>Factoring Company Account</b> REMARKS: <b>US Cellular</b>				<b>\$245.00</b>
ACCT #: <b>x8U5X</b> <b>Prof Fin Co</b> <b>PO Box 1686</b> <b>Greeley, CO 80632</b>	<b>C</b>	DATE INCURRED: <b>10/2007</b> CONSIDERATION: <b>Collection Attorney</b> REMARKS: <b>ATMOS Energy</b>				<b>\$158.00</b>
ACCT #: <b>xxxxxxxx0420</b> <b>Radiology Associates</b> <b>808 Brook Ave</b> <b>Wichita Falls, TX 76301</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unsecured</b> REMARKS:				<b>\$100.00</b>

Sheet no. 4 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal &gt;

**\$2,437.42**

Total &gt;

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

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In re **Warren Olin Gould**  
**Stacey Rhea Gould**Case No. **09-70559-HdH-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>9824</b> <b>Sun Loan Company</b> <b>3146 5th St Ste H</b> <b>Wichita Falls, TX 76301</b>	<b>C</b>	DATE INCURRED: <b>07/2009</b> CONSIDERATION: <b>Note Loan</b> REMARKS:				<b>\$258.00</b>
ACCT #: <b>xxxxxxx/xxx8935</b> <b>Tate &amp; Kirlin Associates</b> <b>2810 Southampton Road</b> <b>Philadelphia PA 19154</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Attorney Fees</b> REMARKS: <b>Pioneer Services</b>				<b>\$4,967.45</b>
ACCT #: <b>xxxxS002</b> <b>Titanium Emergency Group</b> <b>P.O. Box 3407</b> <b>Emergency room Physician</b> <b>Wichita Falls, Texas 76301</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unsecured</b> REMARKS:				<b>\$249.00</b>
ACCT #: <b>xxxx0647</b> <b>Txu Energy</b> <b>Po Box 666565</b> <b>Dallas, TX 75266</b>	<b>C</b>	DATE INCURRED: <b>02/14/2003</b> CONSIDERATION: <b>Agriculture</b> REMARKS:				<b>\$1,787.00</b>
ACCT #: <b>xxxxxx/xxxxxx/x3862</b> <b>United Regional</b> <b>1600 8th Street</b> <b>Wichita Falls, TX 76301-3164</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical</b> REMARKS:				<b>\$3,028.75</b>
ACCT #: <b>1315</b> <b>USA Auto Sales</b> <b>1307 Scott Ave</b> <b>Wichita Falls, TX 76301</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>
Sheet no. <b>5</b> of <b>6</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$10,290.20</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

B6F (Official Form 6F) (12/07) - Cont.

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In re **Warren Olin Gould**  
**Stacey Rhea Gould**Case No. **09-70559-HdH-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx9531</b> <b>West Asset</b> <b>Attn: Bankruptcy</b> <b>P.O. box 105478</b> <b>Atlanta, GA 30348</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unknown Loan Type</b> REMARKS: <b>Medical City Dallas Hospital</b>				<b>\$779.00</b>
ACCT #: <b>xxxxxx/xxxxxxxxxxxx3314</b> <b>West Asset Management</b> <b>PO Box 105723</b> <b>Atlanta, GA 30348-5723</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Unsecured</b> REMARKS: <b>Household Bank</b>				<b>\$809.19</b>
ACCT #: <b>xxxxxx4143</b> <b>Western Intl Unv Onlin</b> <b>4615 E Elwood St Fl 3</b> <b>Phoenix, AZ 85040</b>	<b>C</b>	DATE INCURRED: <b>04/2005</b> CONSIDERATION: <b>Unsecured</b> REMARKS:				<b>\$496.00</b>
ACCT #: <b>xxxxxxxxZ003</b> <b>Western Shamrock Corporation</b> <b>Attention: Bankruptcy</b> <b>801 S Abe St</b> <b>San Angelo, TX 76903</b>	<b>C</b>	DATE INCURRED: <b>03/2009</b> CONSIDERATION: <b>Note Loan</b> REMARKS:				<b>\$432.00</b>
ACCT #: <b>xxxxxxxxxxxx8978</b> <b>Wffinancial</b> <b>8428 W 13th</b> <b>Wichita, KS 67212</b>	<b>C</b>	DATE INCURRED: <b>12/04/2003</b> CONSIDERATION: <b>Automobile</b> REMARKS: <b>Repossessed</b>				<b>\$7,279.00</b>
Sheet no. <b>6</b> of <b>6</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$9,795.19</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b> <b>\$33,981.41</b>

B6G (Official Form 6G) (12/07)

In re **Warren Olin Gould**  
**Stacey Rhea Gould**

Case No. **09-70559-HdH-13**  
(if known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>Sheppard's Edge Apartment</b> 1700 Enterprise Ave Wichita Falls, TX 76306	rental agreement Contract to be REJECTED

B6H (Official Form 6H) (12/07)

In re **Warren Olin Gould**  
**Stacey Rhea Gould**

Case No. **09-70559-HdH-13**  
(if known)

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re **Warren Olin Gould**  
**Stacey Rhea Gould**

Case No. **09-70559-HdH-13**  
 (if known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:  <b>Married</b>	Dependents of Debtor and Spouse	
	Relationship(s): Daughter Daughter	Age(s): 15 2
<b>Employment:</b>	Debtor	Spouse
Occupation	truck driver	Janitor
Name of Employer	T Square Svcs Corp	Contract Labor
How Long Employed	1 year	2 years
Address of Employer	1625 Tuskegee PI Unit 170 Colorado Springs, CO 80915	First Wichita 719, LLC Wichita Falls, TX

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$3,796.32	\$2,600.00
2. Estimate monthly overtime	\$0.00	\$0.00
3. SUBTOTAL	<b>\$3,796.32</b>	<b>\$2,600.00</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes (includes social security tax if b. is zero)	\$544.00	\$0.00
b. Social Security Tax	\$235.38	\$0.00
c. Medicare	\$55.04	\$0.00
d. Insurance	\$0.00	\$0.00
e. Union dues	\$68.24	\$0.00
f. Retirement	\$0.00	\$0.00
g. Other (Specify) _____	\$0.00	\$0.00
h. Other (Specify) _____	\$0.00	\$0.00
i. Other (Specify) _____	\$0.00	\$0.00
j. Other (Specify) _____	\$0.00	\$0.00
k. Other (Specify) _____	\$0.00	\$0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	<b>\$902.66</b>	<b>\$0.00</b>
6. TOTAL NET MONTHLY TAKE HOME PAY	<b>\$2,893.66</b>	<b>\$2,600.00</b>
7. Regular income from operation of business or profession or farm (Attach detailed stmt)	\$0.00	\$0.00
8. Income from real property	\$0.00	\$0.00
9. Interest and dividends	\$0.00	\$0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0.00	\$433.50
11. Social security or government assistance (Specify): _____	\$0.00	\$0.00
12. Pension or retirement income	\$0.00	\$0.00
13. Other monthly income (Specify):		
a. _____	\$0.00	\$0.00
b. _____	\$0.00	\$0.00
c. _____	\$0.00	\$0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	<b>\$0.00</b>	<b>\$433.50</b>
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	<b>\$2,893.66</b>	<b>\$3,033.50</b>
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	<b>\$5,927.16</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**Schedule I based on debtor 10/30 paystub, when he received a raise, joint debtor's contract labor income and child support.**

B6J (Official Form 6J) (12/07)

IN RE: **Warren Olin Gould**  
**Stacey Rhea Gould**

Case No. **09-70559-HdH-13**  
(if known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$1,014.00
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other: internet/satellite	\$347.00 \$88.30 \$200.00 \$137.86
3. Home maintenance (repairs and upkeep) 4. Food 5. Clothing 6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions	\$925.00 \$100.00 \$85.00 \$300.00 \$330.00
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other:	\$251.00
12. Taxes (not deducted from wages or included in home mortgage payments) Specify: income taxes	\$364.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: 2003 Toyota Matrix b. Other: c. Other: d. Other:	\$225.00
14. Alimony, maintenance, and support paid to others: child support 15. Payments for support of add'l dependents not living at your home: 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17.a. Other: Auto Maintenance 17.b. Other:	\$400.00 \$75.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	<b>\$4,842.16</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <b>None.</b>	
20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)	
	\$5,927.16 \$4,842.16 \$1,085.00



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
WICHITA FALLS DIVISION**

IN RE: **Warren Olin Gould  
Stacey Rhea Gould**

CASE NO. **09-70559-HdH-13**

CHAPTER **13**

**Attorney's Affidavit**

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" I hereby certify that to the best of my knowledge, information, and belief, formed after an inquiry reasonable under the circumstances, that:

It is not being presented for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation;

The claims, defenses, and other legal contentions therein are warranted by existing law or by a non-frivolous argument for the extension, modification, or reversal of existing law or the establishment of new law;

The allegations and other factual contentions have evidentiary support or, if specifically so identified, are likely to have evidentiary support after a reasonable opportunity for further investigation or discovery; and

The denials of factual contentions are warranted on the evidence or, if specifically so identified, are reasonably based on a lack of information or belief.

All of the above statements made in this Affidavit are true and correct to the best of my knowledge and belief."

/s/Monte J. White  
Monte J. White & Associates